Emergency Support Function #8
Health and Medical Services

Primary District Agency: Department of Health

Support District Agencies:
Child and Family Services Agency
Department of Parks and Recreation
DC Fire and Emergency Medical Services Department
Department of Human Services
Department of Mental Health
Emergency Management Agency
Office of Contracting and Procurement
Office of the Chief Medical Examiner
Water and Sewer Authority

Non-Governmental Organizations:
DC Hospital Association
DC Health Care Alliance
American Red Cross
MedChi (Maryland State Medical Society)
National Medical Association
DC Nurses Association (DCNA)

Lead Federal Agency: U.S. Department of Health and Human Services

I. Introduction

A. Purpose

ESF #8—Health and Medical Services provides coordinated District assistance and resources to respond to public health and medical care needs following a public emergency. Assistance provided under ESF #8 is directed by the Department of Health (DOH) and is supported by several agencies within the District as well as the coordination between the agencies and private health service providers.

B. Scope

1. ESF #8 provides for a coordinated and effective District of Columbia government approach to providing health and medical assistance in the immediate aftermath of a public emergency that impedes routine health and

medical services provided within the District of Columbia. The support is categorized in the following functional areas:

- Assessment of health/medical needs, including in-patient capacity
- Health surveillance, including infectious disease surveillance;
- Medical care personnel;
- Health/medical equipment and supplies;
- Patient evacuation;
- In-hospital care;
- Patient tracking;
- Food/drug/medical device safety;
- Worker health/safety;
- Radiological/chemical/biological hazards consultation and technical assistance;
- Mental health care for victims, worried well, response personnel, health and medical personnel and general public;
- Public health informational/risk communication on public health issues;
- Vector control;
- Potable water/wastewater and solid waste disposal testing;
- Fatality management and victim identification;
- Veterinary services and animal control;
- Decontamination of victims and health and medical personnel;
- Reception of the National Pharmaceutical Stockpile and distribution of prophylactic medications; and
- Security services at health and medical facilities.

II. Policies

A The roles and responsibilities of DOH, the Department of Mental Health (DMH), the DC Fire and Emergency Medical Services Department (DCFEMS), and other supporting agencies will be closely coordinated to successfully execute ESF #8.

B. ESF #8 will be implemented when a public emergency has occurred and the Mayor has determined that a response is warranted.

C. In accordance with assignment of responsibilities in ESF #8, and further tasking by the primary agency, each support agency will contribute to the overall response but will retain full control over its own resources and personnel.

D. ESF #8 is the primary source of public health and medical response/information for all District officials involved in response operations.

E. All local and regional organizations (including other ESFs participating in response operations) will report public health and medical requirements to the ESF

#8 lead agency through the Consequence Management Team (CMT) in the Emergency Operations Center (EOC).

F. To ensure patient confidentially, ESF #8 will not release medical information on individual patients to the general public.

G. Appropriate information on casualties/patients will be provided as needed to the American Red Cross (ARC) or appropriate District agency for inclusion in the Disaster Welfare Information (DWI) system for access by the public.

H. Requests for recurring reports of specific types of public health and medical information will be submitted to ESF #8. ESF #8 will develop and implement procedures for providing these recurring Situation Reports (SITREPS) to the CMT and others through ESF #5—Information and Planning.

I. The primary District Joint Information Center (JIC) located at the EOC is established to support the District Response Plan (DRP) and will be authorized to release general medical and public health response information to the public.

J. DOH will be the lead agency in ensuring enhanced surge capacity as needed to adequately triage and treat large numbers of casualties/patients.

III. Situation

A. Disaster Condition

1. A significant public emergency may impede or prohibit the delivery of routine health and medical services. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be severely damaged or destroyed. Facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer) or because staff are unable to report for duty as a result of personal injuries and/or damage/disruption of communications and transportation systems. Medical and health care facilities that remain in operation and have the necessary utilities and staff will probably become overwhelmed. In the event of a sudden increase in the need for health and medical services, medical supplies and equipment may quickly run out, including pharmaceuticals, blood products, medicines, equipment, and other related consumable supplies.

2. Critical and long-term patients in existing hospital or health care facilities may need immediate relocation from these facilities if they are damaged or inoperable. Uninjured persons who require routine medications, such as insulin, anti-hypertensive drugs, digitalis, and dialysis may have difficulty in obtaining these medications and treatments because of damage/destruction of

normal supply locations, general shortages, or lack of access due to damaged transportation infrastructure.

3. If the event's negative impacts last for several days or weeks, there could be health and medical complications and issues involving relocation, shelters, vector control, potable water, wastewater, and solid waste.

4. A major medical and environmental emergency resulting from chemical, biological, or nuclear Weapons of Mass Destruction (WMD) could produce a large concentration of specialized injuries, illnesses, fatalities, and other problems that could overwhelm health care facilities within the District. (See Bioterrorism Annex.)

B. Planning Assumptions

1. The resources routinely available within the affected emergency area will be inadequate to clear casualties from the scene or treat them in nearby/immediate health care facilities. Mobilization of city resources, and possible neighboring community resources based on established partnering agreements, will be urgently needed for triage, treating casualties in the emergency area, and then transporting them to the closest appropriate hospital or other health care facility.

2. Medical resupply will be needed throughout the emergency area. In a major public emergency, operational necessity may require the further transportation by air of patients to other medical/health care facilities.

3. A terrorist release of WMD may lead to toxic water/air/land environments that threaten surviving populations and response personnel, including exposure to hazardous chemicals, biological agents, radiological substances, and contaminated water supplies and food products.

4. The damage and destruction of a major public emergency may result in numerous deaths, and may require coordination and outside assistance for body location and recovery, extrication, examination, identification, storage, and release, as well as coordination with law enforcement for evidentiary purposes.

5. The damage and destruction of a major public emergency may result in the injury and death of pets and other animals in and around the disaster zone. Veterinary service and animal control capabilities may be stretched, and disease and vector control problems associated with animal fatalities may impact public health in and around the emergency location.

6. The stress, loss, and pain caused as a result of the public emergency may result in the District's mental health system becoming overwhelmed,

producing urgent need for mental health crisis counseling for emergency victims, response personnel, and their families.

7. Assistance in maintaining the continuity of health and medical services will be required, especially for citizens with long-term and ongoing health care needs.

8. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury. Disruptions may dislocate tourists and visitors who will become disoriented and be unfamiliar with the District and, thus, may have difficulty in identifying and locating health and medical support services in the event of a disaster. Tourists and visitors may have difficulty in obtaining access to needed medicines or treatments and may not be able to access hotels or other locations where they may be keeping their medicine. It may be difficult for medical and health service providers to obtain records and medical histories of tourists and visitors, which may be critical to providing effective treatments and cures to such individuals that may have been impacted by the event.

9. Primary medical treatment facilities may be damaged or inoperable, thus assessment and emergency restoration to necessary operational levels is a basic requirement to stabilize the medical support system.

10. The presence of multiple federal agencies and facilities and foreign embassies and missions presents special planning, training, coordination and response requirements.

IV. Concept of Operations

A. General

1. ESF #8 will coordinate with support agencies to monitor events and track health and medical needs and requirements during the activation. Based on this ongoing assessment, DOH will direct resources, coordinate the delivery of services, and collect information from and coordinate among government agencies and between government agencies and private sector health and medical service providers.

2. For the duration of the activation, ESF #8 will continue to provide input to ESF #5 on the general medical and public health response activities.

3. DOH staff will be notified of any District-wide public emergency via the ESF #8 Liaison Officer at the EOC. DOH response will be initiated at the Health Emergency Coordination Center (HECC) and will provide

comprehensive feedback and remain in close contact with the DOH liaison in the EOC.

B. Organization

1. **ESF #8 Operations Centers**—As a primary agency, DOH will operate from its HECC and link with the operations centers of the other support agencies.

2. **EOC**—DOH and other ESF #8 support agencies will provide representation at the EOC as part of the CMT as required and will remain until deactivated or released by the CMT Director or designee.

3. **Interagency Liaisons**—DOH will coordinate with EMA to ensure that appropriate representatives are immediately available to participate in interagency coordination groups that may have been established based on the type and scope of the public emergency.

C. Notification

1. Upon notification by EMA that a major public emergency has occurred, DOH will alert appropriate personnel and activate and staff the DOH HECC to facilitate communications with DOH providers and to assist EMA with the coordination of DOH activities with the overall District response. DOH coordinators will be posted at the EOC and at other command and control sites, as requested (e.g., Mobile Command Center/DC10).

2. In conjunction with EMA and with other appropriate primary agencies and support agencies, DOH will make a rapid initial assessment of the situation and, as appropriate, notify, and activate one or more ESF #8 support agencies. In addition, the DOH liaison at the EOC will begin initial discussions and coordination with the primary agencies of other ESFs to ensure that effective health and medical services will continue to be provided to those impacted by the event.

3. It should be noted that notification of a covert bioterrorism incident might flow from DOH to EMA when such an event is detected by health surveillance systems.

D. Response Actions

1. Initial Actions

a. When activated under this plan, DOH will implement its Rapid Response Team Emergency Operations Plans as well as its Bioterrorism Plan (Draft 2001).

b. DOH will coordinate with support agencies to assist in providing health and medical services to citizens directly and indirectly impacted by the public emergency, as well as response personnel and others involved in the incident. This will include providing direction and assistance to ESF #8 support agencies and the primary agencies of other ESFs that have public health components, including ESF #1—Transportation; ESF #3—Public Works and Engineering; ESF #4—Firefighting; ESF #6—Mass Care; ESF #9—Urban Search and Rescue; ESF #10—Hazardous Materials; and ESF #11—Food.

c. As needed, DOH will coordinate the delivery of health and medical services with involved federal organizations, including the U.S. Department of Health and Human Services, the primary agency for public health and safety under the activation of the Federal Response Plan (FRP). Requests for assistance from EMA may also be directed toward the US Army Corps of Engineers, U.S. Public Health Service, and Centers for Disease Control and Prevention.

d. In the event of a mass-fatality incident, an onsite temporary facility will be established for initial recovery, case number assignment, and documentation of remains (as permitted by hazardous conditions). If necessary, decontamination will be conducted here, prior to moving bodies to other facilities. Remains will be removed from this staging site to a temporary mortuary facility for further examination and identification.

e. The District's National Pharmaceutical Stockpile Plan will be implemented, if indicated.

f. The District's Fatalities Management Plan will implemented as required.

g. DOH will coordinate with District health and medical service providers, including DC Hospital Association, hospitals, and health care facilities (including medical and dental facilities) by ensuring that the DC Hospital Association's Hospital Mutual Aid Radio System (HMARS) is activated. DOH will:

- Coordinate the protection of the public from communicable diseases;
- Coordinate the systems to monitor and report on the safety of food and water supplies to citizens not displaced but impacted, relief workers, and displaced citizens residing in temporary shelters;
- Coordinate systems to monitor health information and inspect and control sanitation measures;

- Coordinate the systems to monitor and respond to vector and epidemic control needs and provide immunizations;
- Assist, as needed, with the acquisition of medical supplies, resources, medications, and other needs;
- Assist, as needed, with laboratory testing and release of results and related activities;
- Assist in the coordination of the delivery of injured victims to hospitals and service providers to reduce overcrowding or overwhelming service providers;
- Coordinate resources with area hospitals and EMS service providers to ensure appropriate and reliable service and access to service within and around the public emergency zone; and
- Assist with the tracking and identification of injured victims and provide information, as appropriate to the media, the public, and other community stakeholders through ESF #14—Media Relations and Community Outreach.

2. Continuing Actions

a. As the event begins to stabilize, DOH will continue to monitor health and medical-related activities by performing situational assessments. DOH will continually acquire and assess information about the public emergency situation. DOH will continue to attempt to identify the nature and extent of health and medical problems and establish appropriate monitoring and surveillance of the situation to obtain valid, ongoing information.

b. Based on the specific needs of a particular incident, DOH may determine that specialized support teams (e.g., mental health team, vector management and control team, veterinary services support team, etc.) may need to be formed to support health and medical service providers; deliver assistance to the community; coordinate activities; provide technical and consultation advice; assist in coordinating with federal service providers; and address intermediate and long-term health and medical needs up to the time that normal and routine operations are achieved.

c. As fatality examinations are completed, identified remains will be made available for release to funeral homes. Remains not yet identified will be held and catalogued. Further testing by other means (radiographs, fingerprints, or DNA) may be necessary to confirm identification prior to release, which may require services of other entities. The Office of Chief Medical Examiner (OCME) will coordinate with ESF #13—Law Enforcement and ESF #6—Mass Care through the Family Assistance Center to receive data to make identifications and to provide notification to families. OCME will provide information to ESF #5

concerning the results of medication examinations, and to ESF #14 for release to the public.

V. Responsibilities

A. Primary District Agency

Department of Health (DOH)—DOH acts as the lead agency for ensuring the provision of emergency health and medical services to District residents, workers, and visitors. DOH coordinates the health and medical response from appropriate District, regional, federal, and private agencies, working through EMA to assist with coordination of the District's overall emergency response.

B. Support District Agencies

1. **Child and Family Services Agency (CSFA)—**CSFA will ensure the safety of the children under their care and provide emergency intake services for children separated from their families as a result of the health public emergency.

2. **Department of Parks and Recreation (DPR)—**DPR will assist other support agencies in providing facilities and personnel as needed for mass care, sheltering, and alternative triage and treatment sites.

3. **DC Fire and Emergency Medical Services Department (DCFEMS)—** DCFEMS will coordinate response activities with DOH and will report to the CMT on the capacity and capability of hospital emergency rooms, space availability, and related matters. DCFEMS will provide pre-hospital care and transport during public emergencies. DCFEMS will respond to emergency medical calls for residents, visitors, and organizations in the District. DCFEMS and MPD are co-located at McMillan.

4. **Department of Human Services (DHS)—**DHS will be the lead agency in providing mass care and sheltering. Through its Office of Facilities Management, DHS will continue to operate it facilities management services, including supplying generators, water, and security personnel.

5. **Department of Mental Health (DMH)—**DMH will provide patient care and the movement as well as psychiatric care for District residents, workers, and visitors. DMH will monitor and respond to mental health issues and coordinate with mental health service providers to ensure appropriate support to victims, responders, their families, and others impacted by the public emergency. DMH will provide laboratory services, medical personnel, pharmacists, and mental health providers as needed to supplement DOH medical teams and the National Pharmaceutical Stockpile Plan.

6. **Emergency Management Agency (EMA)—**EMA will initiate the emergency notification process, establish the citywide EOC, and provide overall inter-agency coordination.

7. **Office of Contracting and Procurement (OCP)—**OCP will assist in obtaining critical health and medical supplies and equipment.

8. **Office of the Chief Medical Examiner (OCME)—**OCME will respond to the scene and provide coordination of mass fatality efforts, including investigating, establishing temporary morgue(s), coordinating transportation of remains, performing postmortem examinations and identifications, securing evidence, certifying cause and manner of death, and releasing remains.

9. **Water and Sewer Authority (WASA)—**WASA will coordinate activities with the appropriate divisions of the Environmental Health Administration to ensure the safety and potability of the District's water supplies.

10. **Non-Governmental Organizations**—DC Hospital Association, DC Health Care Alliance, American Red Cross, MedChi (Maryland State Medical Society), National Medical Association, and DC Nurses Association will provide information to response personnel regarding hospital capacity, medical staff availability, effective transportation of victims, and options to avoid overcrowding.

C. Lead Federal Agency

U.S. Department of Health and Human Services (DHHS)—The Department of Health and Human Services is the lead federal agency for ESF # 8 and will provide direct, technical, and other support to the District through ESF #8.

Upon the declaration of an emergency or major disaster by the President under the authority of the Robert T. Stafford Disaster Relief Act as Amended, April 1999, FEMA, along with other federal departments and agencies, will implement the FRP. Initially, these agencies will operate out of the FEMA Regional Operations Center (ROC). Later, when the Disaster Field Office (DFO) is established near the disaster area, the agency ESF representatives that comprise the Emergency Response Team (ERT) will be in the DFO.